

COMPLETE ALL REQUIRED TRF FIELDS TO ENSURE ON-TIME REPORT DELIVERY.



performed in Australia

Place Australian Clinical Labs barcode ID here



Patient Information	Clinic Information
<p>Patient Information</p> <p>Patient Name (Last, First) <i>Doe, Jane</i></p> <p>Date of Birth <i>1984/06/01</i></p> <p>Address <i>1 Main Street</i></p> <p>City/State or Province <i>San Jose CA</i></p> <p>Country/Postal code <i>USA 95138</i></p> <p>Phone <i>(408) 555-1212</i> Medical Record Number <i>12346</i></p> <p>Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Weight (kg) <i>14.5</i> Height (m) <i>5'6"</i></p>	<p>Clinic Information</p> <p>Referring Clinician <i>Jennifer Jones, MS, CBC</i></p> <p>Address <i>1 Oak Street</i></p> <p>City/State <i>San Jose CA</i></p> <p>Postal code <i>95138</i></p> <p>Phone <i>(408) 555-1000</i></p> <p>Fax <i>(408) 555-1015</i></p>
<p>Patient Signature for Informed Consent</p> <p>My signature on this form indicates that I have read, or had read to me, the informed consent on the back of this form. I understand the informed consent and give permission to Australian Clinical Labs to perform the laboratory tests selected. I have had the opportunity to ask questions and discuss the capabilities, limitations, and possible risks of the test(s) with my healthcare provider or someone my healthcare provider has designated. I know that if I wish, I may obtain professional genetic counseling before signing this consent.</p> <p><input checked="" type="checkbox"/> Opt-in <input type="checkbox"/> Opt-out</p> <p><small>Check to indicate whether you consent to anonymised laboratory development and validation studies. If you check the opt-in box, you acknowledge and agree that after the completion of your selected test(s), your personal data (including, without limitation, information included on the test requisition form and test results) and the remaining unused portion of your sample, which may be stored for longer than 60 days, will be anonymised and may be used in laboratory validation, process development, and/or quality control studies at Australian Clinical Labs, its affiliates, or a third party. If you do not check the opt-in box, your personal data and the remaining unused portion of your sample will not be used in laboratory development or validation studies. In all cases, patient samples and personal data, including results will be stored, used, and destroyed in compliance with applicable Australian Federal and state laws, rules and regulations.</small></p> <p>Patient Signature <i>Jane Doe</i></p> <p>Date <i>2015/06/10</i></p>	<p>Clinician Signature</p> <p>I attest that my patient has been fully informed about details, capabilities, and limitations of the test(s). The patient has given full consent for this test.</p> <p>Clinician Signature <i>Jessica Smith MD</i></p> <p>Date <i>2015/06/10</i></p>
<p>Billing Information</p> <p><input checked="" type="radio"/> Credit Card <input type="radio"/> Client/Provider</p>	<p>Test Menu Options and Clinical Information</p> <p><input type="checkbox"/> Harmony Prenatal Test (T21, T18, T13)</p> <p>Please mark any additional test options requested:</p> <p><input type="checkbox"/> Fetal Sex <input type="checkbox"/> Monosomy X (Singletons Only)¹ <input type="checkbox"/> Sex Chromosome Aneuploidy Panel (Singletons Only)¹</p> <p>¹ Foetal Sex not reported</p> <p>Gestational Age, choose A or B:</p> <p>A. <u>10</u> weeks <u>3</u> days measured on <u>2015/06/10</u></p> <p>B. <input type="radio"/> LMP <input type="radio"/> EDD <input type="radio"/> IVF</p> <p>Number of Foetuses <input checked="" type="radio"/> 1 <input type="radio"/> 2</p> <p>IVF Pregnancy? <input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Egg used in IVF: <input checked="" type="radio"/> Patient <input type="radio"/> Donor Patient/donor age at egg retrieval: <u>31</u> Years</p>
<p>Important Blood Draw Information</p> <p>Complete A & B:</p> <p>A. Collection Date</p> <p>B. Write the patient's full name and date of birth on tube barcodes. Name, barcode, and date of birth must match the TRF. Place labels lengthwise on the blood tubes as shown in the example.</p> 	<p>Important Blood Draw Information</p> <p>Complete A & B:</p> <p>A. Collection Date</p> <p>B. Write the patient's full name and date of birth on tube barcodes. Name, barcode, and date of birth must match the TRF. Place labels lengthwise on the blood tubes as shown in the example.</p>

Patient Information

Required:

- Patient's full name
- Date of birth

Clinical Information

Required:

- Account Number, Account Name and Ordering Clinician

Patient Consent

Required:

- Patient signature and date

Clinical Signature

Required:

- Clinician signature and date

Required Test Information

Required:

- All fields
- To report fetal sex, select the Fetal Sex test option.
- If reporting for sex chromosome aneuploidy is desired, select either Monosomy X or Sex Chromosome Aneuploidy Panel (includes Monosomy X).
- Gestational age (Only one measurement required)
 - For ultrasounds, use option A, specifying gestational age (weeks days) and ultrasound date.
 - If providing LMP, EDD, or IVF date, choose option B.

Billing Information

Required:

- Select one billing option

Important:

- Fetal Sex option: Singleton or twin pregnancies
- Monosomy X or Sex Chromosome Aneuploidy Panel: Singletons only
- For all IVF pregnancies, specify age of egg at time of retrieval and source of egg used in transfer (patient or donor)



Questions? Please contact Australian Clinical Labs
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